*To be completed in **English/French/German** by each person benefiting from a Tempus grant for mobility.*
*To be returned to the project **GRANT HOLDER INSTITUTION together** with all the travel tickets.*

## PERSONAL DATA

Surname : ……………………………………………… Forename : ……………………………………

Age : ……………………… Sex : ………………………… Nationality : ……………………………………

Home institution : ………………………………………………………………………………………………

Staff position/student year of study at home institution: ……………………………………………………

Host institution(s) : ……………………………………………………………………………………………

## TYPE OF ACTIVITY FOR WHICH GRANT WAS RECEIVED

*Tick as appropriate. In the case where more activities were combined, please list them in order of priority*

| STAFF | STUDENTS |
|---|---|
| ☐ Teaching/training assignment of staff | ☐ Study period |
| ☐ Retraining/updating period of staff | ☐ Practical placement |
| ☐ Practical placement | ☐ Short intensive course |
| ☐ Development of academic activities | ☐ Student representation |
| ☐ Short visit for coordination, planning and quality control | |
| ☐ Short intensive course | |
| ☐ Dissemination visit | |

## TEMPUS GRANT FOR STAFF TRAVEL COSTS AND COSTS OF STAY

Exchange rate used = ……. = …….. **Euro**

| | Amount in local currency | Amount in Euro |
|---|---|---|
| • Amount received from the Grant holder institution | ………………………… | ………………………… |
| • Amount paid **IN ADVANCE** by the Grant holder institution (e.g. Travel ticket, reservation for accommodation, …) | ………………………… | ………………………… |
| **TOTAL TRAVEL AND COSTS OF STAY** | ………………………… | ………………………… |

## PERIOD SPENT ABROAD

from ☐ ☐ ☐    ☐ t☐ ☐

## DESCRIPTION OF ACTIVITY PERFORMED

*Please give detailed answers to all the relevant questions on a separate sheet.*

1. What kind of preparation (for example language preparation) did you undergo, if any?
2. What kind of activities did you perform during your stay?
3. What were the results of your activities (e.g. curriculum development and teaching materials) and how will the stay affect your activities at your home institution?
4. What kind of formal recognition did you receive at your home institution for the stay abroad, if any?
5. How would you evaluate your stay (quality, suggestions, problems, etc.)?
6. Do you intend to follow-up activities performed?

## SIGNATURE OF THE GRANTHOLDER

*Please date and sign here as proof of receipt.*

Date :                                                      Signature :

_____

[1] The reference number should correspond to the progressive number indicated in the relevant Annex of the implementation report and financial statement.